



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services

James B. Hunt, Jr., Governor
H. David Bruton, MD, Secretary

John F. Baggett, Ph. D., Director
(919) 733-7011

June 28, 1999

To: Area Directors
Pioneer Coordinators
Medical Records Coordinators

From: John F. Baggett, Ph. D.

Subject: GAF based LOE for Adult Mental Health and Adult Substance Abuse
Sample forms for Consumer Data Warehouse

Effective July 1, 1999, the Global Assessment of Functioning (GAF) will be used as the basis for Adult Mental Health and Adult Substance Abuse Level of Eligibility (LOE) assessments. The North Carolina Functional Assessment Scale (NCFAS) will no longer be used as the basis for LOE assessments. Please note that there are no changes to the Child Substance Abuse, Child Mental Health, Child Developmental Disability or Adult Developmental Disability LOE assessments.

Instructions and a revised GAF version Eligibility Checklist are enclosed. This supercedes Pioneer Operating Manual Volume III, Section 3, pages 10 - 12(NCFAS), the Adult Mental Health and Adult Substance Abuse portions of Section 4, and Appendix D. Please begin using the GAF based LOE assessment effective July 1, 1999. Please contact Tim Wildfire (Phone 919.733.0596 email Tim.Wildfire@ncmail.net) regarding LOE assessment changes.)

Please note that that the LOE Reporting Form is no longer required, as cited in the May 1999 Statistical Reporting Requirements. LOE assessment data will be sent to the Division in an electronic format, as part of the Consumer Data Warehouse system. Prototype samples of LOE data collection forms that contain the data required for reporting to the Consumer Data Warehouse are enclosed. In addition, prototype sample Client Identification and Demographic forms and Substance Abuse data forms are enclosed. The use of these forms are not required. However, the data must be reported electronically to the Division in the format specified in the May 1999 Statistical Reporting Requirements. Please contact Deborah Merrill (Phone 919.733.4460 e-mail Deborah.Merrill@ncmail.net) regarding Consumer Data Warehouse reporting requirements.

cc Executive Staff

MAILING ADDRESS:
3001 Mail Service Center
Raleigh, NC 27699-3001

LOCATION:
Albemarle Building
325 North Salisbury St.
Raleigh, NC
State Courier: 56-20-24

An Equal Opportunity/Affirmative Action Employer

Global Assessment of Functioning (GAF) based LOE Assessments for Adult Mental Health and Adult Substance Abuse

Beginning July 1, 1999 the GAF is used as the basis for LOE assessment for Adult Mental Health and Adult Substance Abuse clients. The North Carolina Functional Assessment Scale (NCFAS) is no longer used for LOE Assessment. (Please note that there is no change in the LOE assessment for Child Mental Health, Child Substance Abuse, or Child and Adult Developmental Disability.)

The Global Assessment of Functioning (GAF) scale is commonly used as Axis V of the DSM IV diagnosis. In North Carolina, the GAF is also used in Level of Care assessment and Client Outcome assessment. This section addresses the use of the GAF for LOE assessment. The GAF is used for LOE assessment for Adult Mental Health and Adult Substance Abuse clients.

GAF scores range from 100 for a high functioning individual to 1 for a very low functioning individual. For the purpose of LOE assessment, the GAF score is based on the lowest functioning over the past week.

A set of training materials in the use of the GAF is available from the Institute for Behavioral Health Care, 4370 Alpine Road Suite 209, Portola Valley, CA. 94028. Phone 650.851.8411. The guideline presented below are based on "Effective Use of the GAF" by Michael B. First MD. This booklet is available from the source cited above.

Please use the following steps as guidelines in establishing a GAF score:

Step 1: Starting at the highest level, ask yourself, "Is either the patient's symptom severity or the patient's level of functioning worse than what is indicated in the range?"

Step 2: Move down until the range matches symptom severity or the level of functioning, whichever is worse.

Step 3: Double check: range immediately below should be too severe on both symptoms and level of functioning. If not, keep moving down.

Step 4: Determine the specific number within the 10 point range, based on a hypothetical comparison with all patients in the range.

Global Assessment of Functioning (GAF Scale)

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health - illness. Do not include impairment of functioning due to physical (or environmental) limitations.

100 - 91 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by other because of his or her many positive qualities. No symptoms.

90-81 Absent or minimal symptoms (e.g. mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members.)

80- 71 If symptoms are present, they are transient and expectable reactions to psychological stressors (e.g. difficulty concentrating after a family argument), no more than slight impairment in social, occupational or school functioning (e.g. temporarily falling behind in school work)

70- 61 Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in social, occupational or school functioning (e.g. occasional truancy or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

60-51 Moderate symptoms (e.g. flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational or school functioning (e.g. few friends, conflicts with peers or co-workers)

50- 41 Serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational or school functioning (e.g. no friends, unable to keep a job)

40- 31 Some impairment in reality testing or communication (e.g. speech is at times illogical, obscure or irrelevant) OR major impairment in several areas, such as work or school, judgement, thinking or mood (e.g. depressed man avoids friends, neglects family and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school)

30-21 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement (e.g. sometime incoherent, acts grossly inappropriate, suicidal occupation) OR inability to function in almost all areas (e.g. stay in bed all day; no job home or friends)

20- 11 Some danger of hurting self or others (e.g. suicidal attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears feces) OR gross impairment in communication (e.g. largely incoherent or mute)

10- 1 Persistent danger of hurting self or others (e.g. recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death

0 Inadequate information

(Primary Source: DSM IV Diagnosis Manual)

For LOE Assessment, base rating on the lowest functioning during the past week. Please keep in mind that other factors in addition to the GAF score, such as service dependency and dual disability, are also considerations in determining a client's Level of Eligibility.

ELIGIBILITY CHECKLIST (GAF version)

Division of Mental Health, Developmental Disability and Substance Abuse Services

Name _____

Case # _____ Date ____/____/____

ADULT MENTAL HEALTH CHECK LIST

- ☐ Individual is 18 or over
(Proceed if yes; to Child Mental Health if no)
- Level I**
- ☐ A. 1 year diagnosable DSM IV psychiatric disorder
- ☐ B. acute and major impairment in ability to function
- ☐ C. GAF Score of 30 or lower
IF A, B AND C CHECKED, THEN LEVEL I

- LEVEL II**
- ☐ A. DSM IV psychiatric disorder
AND
- ☐ B. ____ GAF score of 50 or lower --- OR ---
____ GAF score between 51 - 70 and service dependency

- OR
- ☐ C. ____ DSM IV psychiatric disorder and dual disability
or ____ GAF score over 50 and dual disability
IF A AND B CHECKED THEN LEVEL II OR
IF C CHECKED THEN LEVEL II

- LEVEL III**
- ☐ A. Diagnosable DSM IV psychiatric disorder
AND
- ☐ B. GAF Score of 70 or lower

- LEVEL IV**
- ☐ A. Known risk of developing an emotional disorder

ADULT SUBSTANCE ABUSE CHECK LIST

- ☐ Individual is 18 or over
(Proceed if yes; to Child Substance Abuse if no)
- Level I**
- ☐ A. 3 year history and DSM IV dependence diagnosis
- ☐ B. More than 3 episodes of restrictive treatment w/ relapses
- ☐ C. GAF Score of 30 or lower
IF A, B AND C CHECKED, THEN LEVEL I

- LEVEL II**
- ☐ A. DSM IV dependence diagnosis
AND
- ☐ B. ____ GAF score of 50 or lower --- OR ---
____ GAF score between 51 - 70 and service dependency

- OR
- ☐ C. ____ DSM IV substance abuse disorder and dual disability
or ____ GAF score over 50 and dual disability
IF A AND B CHECKED THEN LEVEL II OR
IF C CHECKED THEN LEVEL II

- LEVEL III**
- ☐ A. DSM IV abuse or dependency disorder
AND
- ☐ B. GAF Score of 70 or lower

- LEVEL IV**
- ☐ At known risk of developing a substance abuse disorder

CHILD MENTAL HEALTH CHECKLIST

- ☐ Individual is under 18 years old
(Proceed if yes, to Adult Mental Health if no)
- LEVEL I**
- ☐ A. ____ Over age 10; >12 mo. ____ Age 10 or under; >3 mo
diagnosable DSM IV OR diagnosable DSM IV
psychiatric disorder OR psychiatric disorder OR
____ Age 5 or under; significantly atypical development
- ☐ B. ____ Out of home place- OR ____ Immediate risk of out of
ment within last 12 mo. home placement
- ☐ C. Total CAFAS score = or > 60
IF A, B AND C CHECKED, THEN LEVEL I

- LEVEL II**
- ☐ A. ____ Diagnosable OR ____ Age 5 or under, signif-
DSM IV icantly atypical development
- ☐ B. ____ Residential treatment or in-home supervision for
psychiatric disorder within last 12 mo.
____ Serious suicide attempt within last 12 mo.
____ Total CAFAS score =>30
____ Total CAFAS score < 30 and service dependency

- LEVEL III**
- ☐ A. ____ Diagnosable OR ____ Age 5 or under, signif-
DSM IV icantly atypical development
- ☐ B. Total CAFAS Score = or > 10
IF A AND B CHECKED THEN LEVEL III

- LEVEL IV**
- ☐ At known risk of developing an emotional or substance abuse disorder

CHILD SUBSTANCE ABUSE CHECK LIST

- ☐ Individual is under 18
(Proceed if yes; to Adult Substance Abuse if no)
- LEVEL I**
- ☐ A. 1 year history and DSM IV dependency diagnosis
- ☐ B. Total CAFAS score = or > 60
IF A and B CHECKED, THEN LEVEL I

- LEVEL II**
- ☐ A. DSM IV dependency diagnosis
AND
- ☐ B. ____ Total CAFAS score =>30
____ Total CAFAS score < 30 and service dependency
OR
- ☐ C. ____ DSM IV substance abuse disorder and dual disability
or ____ Total CAFAS < 30 and dual disability
IF A AND B CHECKED THEN LEVEL II OR
IF C CHECKED THEN LEVEL II

- LEVEL III**
- ☐ A. DSM IV abuse or dependence disorder
AND
- ☐ B. Total CAFAS score = or > 10

- LEVEL IV**
- ☐ At known risk of developing a substance abuse disorder

Signature and Date _____

Age/Disability _____ Level of Eligibility _____

Consumer Data Warehouse

Under the new reporting requirements for the Consumer Data Warehouse (CDW), all client data that is sent to the Division will be transmitted electronically via FTP. The new CDW does not allow for on-line processing and data entry, so data can no longer be submitted on forms. The new reporting requirements are effective for all client data beginning with state fiscal year 1999/00. Several area programs have requested the Division's help in developing sample prototype forms that would assist the data collection process at the local level by incorporating changes in data items collected under the CDW. The forms included in this mailing are sample forms that may be used by area programs.

In the new Consumer Data Warehouse, begin dates and end dates for diagnoses, special population enrollments, disability assessments, and substance abuse profiles are included. This allows both a complete and accurate picture of current information and complete tracking of historical data.

There are two different approaches to designing forms to use to enter data into the area program client data system that will be sent electronically to the Divisions Consumer data warehouse:

Option 1: Current Profile/ Data Overlay Approach

This approach is based on documenting a complete current profile, and then updating the complete profile periodically. For example, all Diagnoses that are currently valid are reported at admission. At the time of a review, all current Diagnoses are reported on a separate, updated form.

Using this method, the most recent form shows a complete profile of all current information. The 'effective date' is used as the 'start date' for new current values, and the 'end date' for values that were in effect on the prior assessment, but excluded from the current one.

Option 2: Transaction Approach

This approach is based on documenting the start date and end date for each separate value. So each different diagnosis (special population, disability, etc.) will have a start date and an end date. A new value is entered as a new transaction. A value that is no longer true is ended with an end date.

Disability and Special Population Form
(Replacement for LOE REPORTING FORM)

Transaction Option

Facility Code

Client Record Number

Form B Admission Date

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Disability Information

| Start Date | Disability Class <i>P-Primary A-Additional</i> | Disab. Code <i>1=MH 2-SA 3-DD 4-Funded TS</i> | LOE <i>1-Severe 2-Moderate 3-Mild 4-At Risk</i> | Scale Code <i>1-CAFAS 3-GAF 4-ESI-R</i> | Scale Score | End Date |
|------------|---|---|--|--|--|----------|
| __/__/__ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | __/__/__ |
| __/__/__ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | __/__/__ |
| __/__/__ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | __/__/__ |
| __/__/__ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | __/__/__ |
| __/__/__ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | __/__/__ |
| __/__/__ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | __/__/__ |

Special Population Enrollment Information

| Start Date | Special Popultion Code | End Date | |
|------------|---------------------------|----------|---|
| __/__/__ | <input type="checkbox"/> | __/__/__ | 4-CAP MR/DD |
| __/__/__ | <input type="checkbox"/> | __/__/__ | 6-SPMI |
| __/__/__ | <input type="checkbox"/> | __/__/__ | 7-Communicable Disease Risk |
| __/__/__ | <input type="checkbox"/> | __/__/__ | 8-Traumatic Brain Injury (TBI) |
| __/__/__ | <input type="checkbox"/> | __/__/__ | C-Juvenile/Criminal Justice Involvement |
| __/__/__ | <input type="checkbox"/> | __/__/__ | D-Maternal |
| __/__/__ | <input type="checkbox"/> | __/__/__ | E-Youth with Sexually Aggressive Behavior |
| __/__/__ | <input type="checkbox"/> | __/__/__ | F-Seriously Emotionally Disturbed (SED) Youth |
| __/__/__ | <input type="checkbox"/> | __/__/__ | G-Deaf/Hard of Hearing |
| __/__/__ | <input type="checkbox"/> | __/__/__ | H-Non-English Speaking |
| __/__/__ | <input type="checkbox"/> | __/__/__ | I-TANF/Work First Recipient |
| __/__/__ | <input type="checkbox"/> | __/__/__ | J-Medicaid Recipient |
| __/__/__ | <input type="checkbox"/> | __/__/__ | K- Child in DSS Custody |
| __/__/__ | <input type="checkbox"/> | __/__/__ | L- SSI/SSDI |
| __/__/__ | <input type="checkbox"/> | __/__/__ | P- Pregnant |

Disability and Special Population Form
(Replacement for LOE REPORTING FORM)

Overlay Option

Facility Code

Client Record Number

Form B Admission Date

Effective Date

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Disability Information

| Disability Class <i>P-Primary</i> <i>A-Additional</i> | Disab. Code <i>1=MH</i> <i>2-SA</i> <i>3-DD</i> <i>4-Funded</i> <i>TS</i> | LOE <i>1-Severe</i> <i>2-Moderate</i> <i>3-Mild</i> <i>4-At Risk</i> | Scale Code <i>1-CAFAS</i> <i>3-GAF</i> <i>4-ESI-R</i> | Scale Score | End Date |
|---|---|--|--|--|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | __/__/__ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | __/__/__ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | __/__/__ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> <input type="text"/> | __/__/__ |

| Special Popultion Code | End Date | |
|---------------------------|----------|---|
| <input type="checkbox"/> | __/__/__ | 4-CAP MR/DD |
| <input type="checkbox"/> | __/__/__ | 6-SPMI |
| <input type="checkbox"/> | __/__/__ | 7-Communicable Disease Risk |
| <input type="checkbox"/> | __/__/__ | 8-Traumatic Brain Injury (TBI) |
| <input type="checkbox"/> | __/__/__ | C-Juvenile/Criminal Justice Involvement |
| <input type="checkbox"/> | __/__/__ | D-Maternal |
| <input type="checkbox"/> | __/__/__ | E-Youth with Sexually Aggressive Behavior |
| <input type="checkbox"/> | __/__/__ | F-Seriously Emotionally Disturbed (SED) Youth |
| <input type="checkbox"/> | __/__/__ | G-Deaf/Hard of Hearing |
| <input type="checkbox"/> | __/__/__ | H-Non-English Speaking |
| <input type="checkbox"/> | __/__/__ | I-TANF/Work First Recipient |
| <input type="checkbox"/> | __/__/__ | J-Medicaid Recipient |
| <input type="checkbox"/> | __/__/__ | K- Child in DSS Custody |
| <input type="checkbox"/> | __/__/__ | L- SSI/SSDI |
| <input type="checkbox"/> | __/__/__ | P- Pregnant |

ID, Demographic and Discharge Data Form

(Replacement for Form B)

| Data Item | Current Value | Updated Value |
|--------------------------------|--|--|
| IDENTIFYING INFORMATION | | |
| Area Program/Facility Code | ___ _ | ___ _ |
| Client Record Number | Type Value A ___ _ | Type Value A ___ _ |
| Unique ID | U _____ | U _____ |
| Social Security Number | S ____ -- ____ -- ____ | S ____ -- ____ -- ____ |
| Driver License Number | D _____ | D _____ |
| Medicaid Number | M _____ | M _____ |
| Medicare Number | R _____ | R _____ |
| DEMOGRAPHIC INFORMATION | | |
| Admission Date | ___ / ___ / ____ | ___ / ___ / ____ |
| County of Residence | | |
| Date of Birth | ___ / ___ / ____ | ___ / ___ / ____ |
| Ethnicity | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Marital Status | <input type="checkbox"/> | <input type="checkbox"/> |
| Race | <input type="checkbox"/> | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown |
| State of Residence | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Ability to Pay | <input type="checkbox"/> | <input type="checkbox"/> |
| Commitment Status | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Competency Status | <input type="checkbox"/> | <input type="checkbox"/> |
| Court Order Type | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|---|---|
| Employer Assisted Program (EAP) Employer Code | | |
| Education Level at Admission | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Employment Status | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Living Arrangement | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Admission Referral Source | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Veteran Status | <input type="checkbox"/> | <input type="checkbox"/> |
| Consumer Status | <input type="checkbox"/> | <input type="checkbox"/> |
| Consumer Status Date | ___ / ___ / _____ | ___ / ___ / _____ |
| Last Served Date | ___ / ___ / _____ | ___ / ___ / _____ |
| Accommodation for Handicapped Needed | <input type="checkbox"/> <input type="checkbox"/> Wheelchair 01 Interpreter 02 Other 03 | <input type="checkbox"/> <input type="checkbox"/> Wheelchair 01 Interpreter 02 Other 03 |
| English Proficiency | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Primary Language | <input type="checkbox"/> | <input type="checkbox"/> |
| Legally Responsible Person | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Zip Code | _____ | _____ |
| DISCHARGE DATA | | |
| Discharge Date | ___ / ___ / _____ | |
| Discharge Reason | <input type="checkbox"/> | |
| Discharge Referral To | <input type="checkbox"/> <input type="checkbox"/> | |
| Discharge Living Arrangement | <input type="checkbox"/> <input type="checkbox"/> | |

Division of MH/DD/SA Consumer Data Warehouse
Substance Abuse Forms

| Data Item | Current Value | Updated Value | | | | | |
|---|---|---|---|---|---|---|---|
| IDENTIFYING INFORMATION | | | | | | | |
| Area Program/Facility Code | _____ | _____ | | | | | |
| Client Record Number | _____ | _____ | | | | | |
| SA USE: drugs of choice | | | | | | | |
| Start Date | Drug Code | Age 1 st Use | Freq . | Route | Class | End Date | |
| ___ / ___ / _____ | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ___ / ___ / _____ | |
| ___ / ___ / _____ | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ___ / ___ / _____ | |
| ___ / ___ / _____ | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ___ / ___ / _____ | |
| ___ / ___ / _____ | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | ___ / ___ / _____ | |
| SA Treatment | | | | | | | |
| Start Date | Type | Methadone | UFDS Code | End Date | | | |
| ___ / ___ / _____ | <input type="text"/> <input type="text"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO | NC_____ | ___ / ___ / _____ | | | |
| ___ / ___ / _____ | <input type="text"/> <input type="text"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO | NC_____ | ___ / ___ / _____ | | | |
| ___ / ___ / _____ | <input type="text"/> <input type="text"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO | NC_____ | ___ / ___ / _____ | | | |
| ___ / ___ / _____ | <input type="text"/> <input type="text"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO | NC_____ | ___ / ___ / _____ | | | |
| Rick Factors | | | | | | | |
| Code | Code | Code | Code | Code | Code | Code | Code |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |

DRUG CODE

- 00 None
- 01 Alcohol
- 02 Cocaine/Crack
- 03 Marijuana/Hashish (Cannabis)
- 04 Heroin
- 05 Non-Prescription Methadone
- 06 Other Opiates and Synthetics (Morphine, Codeine, Dilaudid, Percodan)
- 07 PCP (Phencyclidine)
- 08 Other Hallucinogens (LSD, MDA, Psilocybin, Mescaline)
- 09 Methamphetamine (Ice)
- 10 Other Amphetamines (Dextroamphetamine, Dexedrine, Amphetamine, Crank, Speed)
- 11 Other Stimulants (e.g. caffeine)
- 12 Benzodiazepine (Valium, Librium, Tranxene)
- 13 Other Tranquilizers (Thorazine, Haldol)
- 14 Barbiturates (Phenobarbital, Secobarbital, Pentobarbital)
- 15 Other Sedatives or Hypnotic (Doriden, Quaalude)
- 16 Inhalants (Nitrites, Freon)
- 17 Over the counter drugs (e.g. diet tablets, cough syrup)
- 18 Other (e.g. glue, turpentine, paint thinner, rubbing alcohol)
- 19 Tobacco

